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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none* *SLP*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 09/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	Examiner's Signature <i>Marcello Pinto SLP</i>	Initials <i>SLP</i>		

## ADDRESS

46290

## TITLE

Allocation of power and channelization codes for data transfers

FILING FEE RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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